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Table.

	EVAR			*OAR*		
	Male (n=1820)	*Female (n=453)*	P *value*	*Male (n=1436)*	*Female (n=484)*	P *value*
Age (years), median						
All	74	77	<.001	71	73	<.001
Intact	74	76	<.001	70	73	<.001
Ruptured	72	78	<.001	73	77	<.001
AAA diameter (mm), mean						
All	58.4	56.6	.004	64.7	59.7	<.001
Elective	57.2	55.4	<.001	60.8	57.3	<.001
Symptomatic	65.4	62.5	0.39	69.3	65.4	.24
Ruptured	75.3	72.4	0.56	79.1	70.8	.004
30-day mortality (%)						
All	2	2	0.46	8	9	.39
Intact	1	1	.58	2	4	.05
Ruptured	29	26	1.00	33	48	.03

ment) Boston Scientific, Consulting fees or other remuneration (payment); **M. Wyers:** Nothing to disclose.

PVSS15.

Outcomes Following TEVAR for Acute and Chronic Type B Aortic Dissection

James Sampson, Marjan Mujib, Mark A. Patterson, Marc A. Passman, Thomas C. Matthews, William D. Jordan. University of Alabama at Birmingham, Birmingham, AL

Objectives: To review clinical outcomes of endovascular treatment of type B aortic dissection.

Methods: All patients treated for type B aortic dissection between 2006-2011 were identified from a prospectively maintained registry. Health systems charts and medical correspondences were reviewed. Measured outcomes included resolution of the indication for intervention, additional procedures, and survival at 30 days and 1 year.

Results: 55 patients were treated with TEVAR for type B dissection (mean age, 61±14 years), 39 (71%) for acute dissections and 16 (29%) for chronic dissections. Indications for treatment were pain (21), malperfusion (13), aneurysm (6), uncontrolled hypertension (6), expansion (5), and rupture (4). Success, defined by relief of indication and freedom from death or re-intervention at 30 days, was achieved in 87% of patients. Twenty-six additional procedures were performed in 22 patients prior to, or at the time of TEVAR. These included debranching procedures (8), renal stenting (7), Iliac stenting (5), iliac exposure or conduit creation (2), mesenteric stenting (2), thrombectomy (1), and tube thoracostomy (1). Left subclavian artery coverage was required in 23 patients. Spinal ischemia occurred in 4 patients, and lumbar drainage performed in 2 patients. Three patients required reintervention during the study period. Survival was 93% at thirty-days and 78% at one year.

Conclusions: TEVAR is effective in the treatment of the complications of both acute and chronic type B aortic dissection. Additional procedures are frequently necessary, but early results indicate favorable outcomes, while re-intervention is rare.

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PVSS16.

Perioperative Use of Dextran Is Associated with Cardiac Complications after Carotid Endarterectomy

Alik Farber[1], Tze-Woei Tan[1], Jeffrey Kalish[1], Naomi M. Hamburg[1], Robert Eberhardt[1], Gheorghe Doros[1], Denis V. Rybin[1], Philip P. Goodney[2], Jack L. Cronenwett[2], for the Vascular Study Group of New England. [1]Boston Medical Center/ Boston University School of Medicine and Public Health, Boston, MA; [2]Dartmouth-Hitchcock Medical Center, Lebanon, NH

Objectives: Although dextran has been theorized to diminish the risk of stroke after carotid endarterectomy-(CEA) variation exists in its use. We evaluated outcomes of dextran use in patients undergoing CEA to clarify its utility.

Methods: We studied all primary CEA performed by 71 surgeons within the Vascular Study Group of New England database (2003-2010). Patients were stratified by perioperative dextran use. Outcomes included perioperative death, stroke, myocardial infarction(MI) and congestive heart failure(CHF). Group and propensity score matching were performed for risk adjusted comparisons, and multivariable logistic regression was used to examine associations between dextran use and outcomes.

Results: There were 6,641 CEA performed, with dextran used in 334(5%) procedures. Dextran and No Dextran patients were similar in age(70 years) and symptomatic status(25%). Other differences between the cohorts diminished after adjustment (Table). In crude, group-matched, and propensity matched analyses, stroke/death rate was similar between cohorts (1.2%),while Dextran patients were more likely to suffer perioperative MI (2.4% vs 1.0%;